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21st July 2025

The Commissioner

Australian Law Reform Commission

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[You can also make a submission at www.alrc.gov.au/inquiry/review-of-surrogacy-laws/make-a-submission/]

Dear Commissioner,

SUBMISSION TO THE AUSTRALIAN LAW REFORM COMMISSION – REVIEW OF AUSTRALIA'S SURROGACY LAWS

I am making this submission to contribute to the Australian Law Reform Commission's review of Australia's surrogacy laws. I am a surrogate, and I have been a part of the surrogacy community for over 8 years. I carried and birthed a baby as a gestational surrogate in 2020 for strangers, turned friends; I then went through three IVF cycles as an egg donor for strangers, turned friends, who also required surrogacy to have a baby; and then again in 2023/2024 I was involved in a second gestational surrogacy agreement with another family that resulted in 5 unsuccessful transfers. The third family was also strangers, turned friends. It is important to note that all three families resided in different states from each other, so my experience is across three sets of legislation due to each state being different.

I have read the Issues Paper and have responded to the questions posed in the paper below.

I seek that my submission be published but de-identified.

1. **If you or someone close to you has had personal experience of surrogacy, please describe:**

- **What parts of your experience were positive?**

  Surrogacy has so many positive attributes, that compounded, has created a wonderful experience for myself, my husband, and my children. Beginning with the *surrogacy community* – here I found other women who validated my desire to carry a baby for others. Women who offered shared experience and community support in the lead up, during, and post partum. I also found a world of people suffering from things I had never experienced in my social circles. It offered me a perspective of heartache, resilience, desperation, love, vulnerability, and injustice that I knew existed but didn't know the depth of. These people on both sides of the surrogacy stories offered kindness, friendship, networking, support, and camaraderie.

  Intended Parents: A positive attribute is the intended parents that I befriended and ultimately offered to carry a baby. These four people (two families, with two intended parents – referring to surrogacy only) are now family friends. They are as any of my existing friendships are. We do life together. We know each other's extended relatives and friends. The people I chose to be a part of our lives are wonderful. Our intending parents were just friends I hadn't met until I joined the surrogacy community. They are people I want to share my life experiences with outside of surrogacy, they are people I might go to for advice, they are people I want my children to trust and love, and they are people who will be a part of the ebbs and flow of normal life.

  Pregnancy: As with my own pregnancies, I had a good experience. I enjoy being pregnant and I had no concerns with my health and wellbeing. My intended parents were a part of the experience; coming to transfers, appointments, supporting me with daily parenting and life activities, covering expenses that were required of the pregnancy and mode of care, I had wonderful independent midwifery care, and I just enjoyed the experience.

  Birth & Post Partum: The midwives that were present for the birth in our local public hospital were fantastic. The were willing to learn and understand the surrogacy relationships, honour the intended parents place as the baby's parents and carers, honour my position as the birth mother with bodily

autonomy, include my husband as a part of the team. We received post-partum care from our independent midwife after hospital discharge, for which I cannot fault. Independent midwifery offered us continuity of care for the pregnancy and post birth, with a midwife who was known to me for a previous pregnancy.

Surrobub: He is now heading to 5years old. He's a great little human who is learning and growing. It's been a joy to watch him get big and see his family love on him.

Medicare: We had no issues with surrobub getting placed on his parents medicare card post birth. Though I know many other teams who have had a lot of trouble.

- **What parts of your experience were negative?**

  Hospital & Covid: Our local public hospital did not have a surrogacy policy in place. They used covid as a scapegoat every step of the way for discrimination against my intended parents from being a part of the pregnancy and birth. We needed to advocate for ourselves constantly, including seeking out a lawyer to help advocate to allow the intended parents to come to appointments and be in attendance for the birth. I needed to educate the hospital that I would not be caring for the baby, but that his parents needed to be treated as though they were like any other new parents in the ward. I cannot emphasise enough just how stressful this component was. The hospital refused to have any communication with the intended parents but insisted on only talking to me – including removing intended parents from communication emails despite me re-adding them to every conversation. Our social worker acted like I was a problematic person in the equation, only advocated for the current covid policies, and did not work towards an inclusive solution at all. The nursing and midwifery manager suggested that the baby's intended mother leave her child and head to the café for all her food, and sleep on a pull out bed while in the hospital for an unspecified time frame. The Region Nursing and Midwifery coordinator was a smooth talker with empty promises and no action – telling us at 34 weeks pregnant that she still couldn't allow our support people or the intended parents in for the birth – the same day that the football was given the go ahead with 50000 people in attendance. Hospitals not being adequately educated or willing to be educated in best practice surrogacy did our team a huge disservice and was the biggest stress for the whole pregnancy. We thankfully were in the same state and so lockdown rules were not as strict as some nor did we have quarantine periods between interstate travel. Though this contributed to stress that many of my fellow surrogates had at the same time.

Specialists: Some specialists understand surrogacy and fertility well; others like to stick to their protocols, have control, and insist they know what is best. They disregard autonomy and walk on eggshells like we are breaking the law. I have had one amazing specialist and one not great specialist.

- **What could be improved and how?**

Medicare and Centrelink: I was a stay at home parent and so did not require PPL = however my intended parents did qualify and had lots of trouble getting this approved. Many teams have a lot of issues getting surrobub onto the intended parents Medicare card, and at least one team member has issues gaining PPL. Government staff do not know their own processes and often recite incorrect information to surrogates and intended parents. The process takes months when it should not.
I was also disappointed that Dad and Partner pay was not available for my husband to stay at home. We had four young children and I was post partum. I needed my husband at home to help support me and our family. This payment is tied to 'caregiving of the newborn' which in my opinion is incredibly discriminatory to anyone who has given birth to a baby and not taken that baby home (for whatever reason) – denying them support of a partner in a vulnerable period where they are recovering physically and emotionally. Instead – this cost had to fall to my intended parents.

Medicare Rebates: Surrogacy can only be pursued if there is a medical clearance that the intended parents can not carry a baby. For many, women in particular, there is infertility that has happened for years prior to getting approval to find a surrogate. They have spent tens of thousands of dollars on surgeries, cancer treatments, egg collections, transfers, medications, travel etc. The list is endless. Anyone undergoing IVF on themselves qualifies for a medicare rebate. Now at the last ditch try, intended parents are allowed to try surrogacy. It is then that the government decides they no longer qualify for assistance with their medical needs. This is discriminatory and unfair, all because one can no longer carry their own baby. They would if they could – they are not choosing this because they want to. It is legislated that they must have no other way to carry a child.

I also have a problem with clinics charging a fee for 'surrogacy coordination'. If there were Medicare rebates applied to the process, then the fees would be regulated and Intended Parents would not be charged for incidentals like this. I am yet to see a clinic itemise this fee and/or step up the coordination so that this fee is warranted. Generally, surrogacy teams are chasing up paperwork, bloodwork, and appointments. The clinics are quite slack in this area.

Criteria: Backing up the situations in the previous paragraph, some women have been seeing fertility specialists for years. Decades even. There is always new technologies and medications to try. Right now, intended parents are at the whim of a specialists'

personal opinion of surrogacy as to whether they can pursue it or not. There is no regulated 'checklist' or 'period of time' that someone must pursue traditional IVF and medical procedures to improve their ability to carry before automatically being deemed suitable. This comes at great financial cost to intended parents, and it cannot be denied that specialist clinics may be exploiting, misleading, and providing false hope to intended parents when surrogacy is a viable alternative. I would like to see a safeguard for intended parents to fall back on if they feel that their current specialist is not approving them purely based on their personal opinion of surrogacy or their desire to try more treatments.

Autonomy vs Procedures: Surrogates are fertile women, while fertility specialists and clinics generally deal with infertile people. I think before they are allowed to take surrogacy teams as clients, they must be educated well in the nuances of surrogacy. Refraining from ordering unnecessary tests because they 'are standard in our protocol', and telling a surrogate she must have medication to transfer is often a problem. What is standard protocol for an infertile patient should not be used on a fertile surrogate/surrogacy team. Fertility specialists are used to treating people with infertility. Those people are often facing emotional turmoil, mental health challenges, and it's possible that they will make decisions about treatment due to desperation and hope. A surrogate generally has had minimal fertility, and health challenges and often understands well about how their body operates. A specialist who is not afraid of a surrogate having autonomy is paramount to a good experience. I have had one great specialist and one who was terrible at this. Education around this difference would make the experience far more pleasant for surrogacy teams.

Clinics as gatekeepers: As it stands, a fertility clinic & specialist are the gatekeepers of if a team can pursue surrogacy or not. While I agree that they should be an integral part of the conversation and process. I do not think that they should be the overarching body that approves or denies teams. I am in Queensland, so we do not have any PRP process here. Approval as individuals, and as a team is done through the clinic. Clinics make money from intended parents and infertility patients; and so, there is a clear conflict of interest.

Parentage Order & Birth Certificate: I would like to see intended parents be on the birth certificate from the start. It causes a lot of anxiety for teams coming into surrogacy. There is a component of trust involved due to the process. This trust is lovely to have, but surely, we can do away with the anxiety this process brings. I think it would encourage more people to pursue Australian Surrogacy. The process for the parentage order is a lot of running around in the post-partum & newborn stage – writing pages of information, gaining affidavits and attending court. Our document was more than 80 pages long. My intended mother wrote it with a newborn! She should be spending that

time with her longed for baby. I also didn't need to be running around trying to find JPs, and making sure I had more documents signed when my intentions were already clear with the original agreement and approvals. Going to court was also incredibly overwhelming and scary when it's not a place I had ever been. There is an ominous overtone, like we had done something wrong. Instead, we had done everything right and it didn't feel like the celebration that it should, though it was a milestone indeed.

While I advocate strongly for intended parents to be on the birth certificate from registration, I also strongly recommend that everyone involved in that child's story be listed on the birth certificate as well, this includes donors and surrogates. I think this is in the child's best interest as they grow, especially for a child whose surrogacy team or donor team no longer has a relationship. That child will have an accurate record for when they are an adult, of the people involved and can choose for themselves if they wish to reach out. If we value a child having knowledge of who they are, then we should value this document being an accurate reflection of who brought them into the world.

2. What reform principles should guide this Inquiry?

I think the main principles we should be looking at in the enquiry are:

- Making the legislation a national and consistent law for everyone to access. Right now, there are many states behind in allowing equity of access. Having different state legislation also makes information confusing to those who are exploring and learning.

- Assessing the inequities in accessing Medicare; as well as fixing the post birth process with our Human Services network. This would remove financial stress for intended parents significantly.
- Assess the exploitation of intended parents. The approval process, and the uncapped financial cost to them in the process. The costs vary widely between states, clinics, and specialists at each step of the way.
- Body autonomy for surrogates remains always. I chose to be a surrogate because I wanted to do something for someone else. It was my own choice to do this. I know my body. I made medical decisions regarding IVF, pregnancy, and post birth on behalf of myself – keeping in mind the child's and intended parents' best interests also. To remove this would place a surrogate in the utmost position of vulnerability and under the full control of others and I think this would be incredibly damaging to them personally and for surrogacy in general.

3. What do you think are the key human rights issues raised by domestic and/or international surrogacy arrangements and how should these be addressed?

For overseas':

- Are intended parents lying to access surrogacy?

From marital status, to background checks. If one is willing to lie in desperation to raise a child – will they continue to lie while raising a child? Is this in the child's best interest for parents to put their own needs continually before any child they will bring into the world. Some lies – such as if they are a safe adult, can impact a child's life significantly.

- Are intended parents still going to countries where there are active war situations? This is in no ones best interest!
- Are the women who are surrogates choosing to do so because they want to? Is it because they need money? Should we say no purely based on wealth or are we ensuring that they are healthy and not endangering their own lives (like we do for surrogates in Australia)? Are they being forced to get pregnant by others to keep the industry going?
- Are the women who are surrogates being treated with respect by intended parents before transfer, during pregnancy, during any losses, and after birth? This is a woman who will possibly grow a human, birth a human, and is giving them a child. A beautiful and kind thing. Is she then discarded 'because she was paid' – and never thought of again?
- Are intended parents telling their children born via surrogacy – that they were born by a surrogate. Or are they hiding that? Is that truly in the best interest of the child?

For Australia:

- Once intended parents have a child, do they continue to maintain a relationship with their surrogate for the best interest of their child and their surrogate? Or is she purely a means to an end. I have seen relationships break down, though I am fortunate to not have had that experience. I think that some intended parents still do not understand the value their surrogate has in their child's life. It is my concern that some children born via surrogacy will not have access to their birth mother due to their parents' fallout.

4. What information about the circumstances of their birth do you think children born through surrogacy should have access to? How should this be provided / facilitated?

I think that children born via surrogacy should have access to their story in their everyday life from birth. From knowing their surrogates (and gamete donors) and

interacting with their families, to hearing about how much their parents wanted them and longed for them, to seeing a birth certificate with all involved right in front of them. When we talk about it to the child, it isn't a surprise. It becomes normalised. It is known. It is not hidden. Surrogacy, donation, and infertility – while hard things to experience, they do not make a person bad for having experienced them. There is no shame in talking about it.

Babies don't appear from nowhere. Surrogacy needs to be embraced positively. Encouraged as a variation of normal. There are surrogates' children who were present for the pregnancy, there are grandparents of the baby born via surrogacy who attended the baby shower, there is a surrogate who vomited for 9 months of the pregnancy, there are cousins of the child, siblings of the child, aunts and uncles of the child. How can we pretend his didn't happen? A baby born via surrogacy should hear about their pregnancy from their parents just like any child born should hear about their pregnancy from their parents. Just because the pregnancy happened in someone else's body doesn't make it taboo, or scary, or shameful. It just is. Life is messy and chaotic. Strange things happen. Sad things happen. To dismiss a baby being born by surrogacy is also to dismiss their parent's infertility story. It all happened. Sharing life brings a lot of emotional maturity and empathy to people's lives. This is a good thing for society. Instead of secrets, shame, and lies.

5. What do you think are the main barriers that prevent people from entering surrogacy arrangements in Australia, and how could these be overcome?

- A lot of intended parents fear the birth certificate being in a surrogate's name. Though their fears seem statistically unfounded, it is a barrier. Being on the birth certificate from registration would remove one anxiety in the process.
- The number of available surrogates. Perhaps compensated surrogacy would incentivise women to be surrogates? Perhaps more positive commentary and education about surrogacy would find more surrogates? I don't know the answer. This seems to be the largest barrier though. We simply have more people requiring surrogacy to have a child than women offering to be surrogates.
- Confusing legislation. Scary legislation. People are afraid to 'do it wrong' while learning. So, they are put off before they understand it all. It seems too hard, too overwhelming, too many steps.
- It's expensive for intended parents.

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6. Should there be eligibility criteria for surrogacy? If so, what should those requirements be?

Yes. I think eligibility criteria as it stands, whereby one can not carry due to a medical or social (same sex couple) reason should stand. I do not think it should be open purely for choice.
However, I do think medical reasons should be widened to consider genuine psychological medical issues (for example, PTSD from a previous traumatic birth) where they will not inhibit support and care of a surrogate and/or a child. It should also include medical reasons such as Hyperemesis Gravidarum in previous pregnancies of an intended mother – where she can carry, but it may make her exceptionally ill.

I do think timeframes for treatment should be added so that fertility clinics cannot force continued unsuccessful treatments for extended periods of time. For example, someone with unexplained fertility should not undergo 10years of treatment without ever being presented the option to pursue surrogacy by their specialist.

I do not think that someone must try donor gametes before pursuing surrogacy in the absence of any markers that their quality is the problem.

7. Are there any current requirements which should be changed or removed?

It should be consistent across all states and territories in Australia.
Interstate teams should be allowed.

8. Are there any requirements for a valid surrogacy agreement you think should be added, removed or changed?

I think that all parties entering into a surrogacy agreement should be over 25. Surrogacy is complex. Surrogacy requires solid financial backing, emotional maturity, good communication skills, good self-advocacy, ability to see others perspective, and family security for the child. I do not believe that there are many people under 25 that would meet that.

I think that all parties should undergo police checks.

I think that mandated counselling should continue for the entirety of the pregnancy. A minimum of once per trimester.

I think that the relinquishment counselling should be done by any counsellor of choice, even if that is the same as the pretransfer counsellor. If counselling is done the entirety

of a pregnancy, then it would be best to have continuity of care rather than having to explain everything that has happened to someone completely new.

I do not think women should have birthed a baby previously to be a surrogate. I do not think women should be finished their families to be a surrogate.

I do think that intended parents should seek their own counselling for their own infertility experiences/medical circumstances prior to engaging in a surrogacy agreement.

9. Should surrogacy agreements be enforceable?

I am happy with the requirement that medical expenses being covered is enforceable, but the rest remains unenforceable. Best interest of the child should always be paramount and that can change with every team.

10. What process requirements should be in place for surrogacy arrangements?

- Police checks
- Independent legal advice (as current legislation)
- Counselling – however it should be continued through the pregnancy.
- Obstetricians sign off for a surrogate.
- Specialists sign off for intended parents.
- All parties over 25 years old.

11. What are the gaps in professional services for surrogacy in Australia?

- There is a huge gap in education. I myself, have held two information nights in my corner of the country. I had 50 attendees the first year and 70 the second. This is where I pulled specialists together into the room to help explain things to surrogates and intended parents. People like face to face education.
- There is a gap in bringing surrogates and intended parents together. We have our own fabulous online community that is successful. However, it requires people to be intentional and extroverted and vulnerable. There is a chance they could be exploited. There is a chance that other people see opportunity to make money from 'matching' people.
- There is a gap in hospitals understanding the needs of surrogacy teams at birth. Teams have to rely on word of mouth to know which have good care and which to avoid. This is made harder by catchments.

- There is a gap in the option of home birth and/or continuity of care for pregnancy and birth across the state.
- There is a gap between the few clinics who are experienced and the many who are not. Teams have to rely on word of mouth to know the difference.
- There is a gap between lawyers and psychologists who know surrogacy well and those who pretend to know and give subpar or inaccurate advice and guidance. Teams have to rely on word of mouth to know the difference.
- There is a gap for intended parents to seek support with their newborn post birth.
- There is a gap for surrogacy teams to have their needs with centrelink and medicare understood.

12. What is the best way for professional services for surrogacy to operate?

I think that professional services that know surrogacy well should partake in some form of qualifying PD that allows them to be signed off (and given a licence of sorts) and approved to work with surrogacy teams. Their performance is monitored, and complaints can be made to the overseeing body to investigate and help them improve. Good experiences can be complimented and showcased to continually improve the standard across the board.

13. How should surrogacy advertising be regulated?

I think that intended parents should be allowed to share their stories and their need for a surrogate publicly. I do not think that intended parents should be allowed to spend phenomenal amounts of money to draw attention to themselves publicly. Surrogacy is already limited to those who can afford it. For some to then be able to spend mass amounts of money on advertising to 'try and get ahead' – really does nothing to help level the accessibility. It also is not a good way to build a relationship between people. Relationship is key, and if people are trying to 'win a surrogate' then I think we will see more surrogacy teams go bad. We want genuine relationships to be best interest of the child long term.

14. What entitlements, if any, should be available to surrogates and intended parents?

I think that surrogates are entitled to bodily autonomy for the entire process.

I think that surrogates should have all expenses related to the surrogacy covered by intended parents.

I think intended parent are entitled to access Medicare rebates for IVF at a minimum, including transfers.

I think intended parents are entitled to access hospitals for birth the same as any other parents is.

I think that surrogates are entitled to paid parental leave, and dad and partner pay.

I think that intended parents are entitled to paid parental leave, and dad and partner pay.

I think that surrogates and intended parents are entitled to be on the birth certificate from registration.

I think that intended parents should be entitled to gift their surrogate with compensation should they choose to.

I think that surrogates should be entitled to use their body as they like and claim compensation for doing so should they choose to.

I think that intended parents should be entitled to choice of a clinic and specialist without exploitation and additional costs.

I think that surrogates and intended parents should be able to access parental leave in their workplaces equally as any normal parent would.

15. How could the process for reimbursing surrogates for reasonable expenses be improved?

- Consider partners. If a surrogate's partner has time off work due to consequences of the surrogacy pregnancy, it then is a reasonable expense and should be covered.
- 'reasonable' varies per team. Often intended parents don't cover things their surrogate expected because they are afraid of being scrutinised and prosecuted. Often that fear has come from an uneducated professional. Teams should be able to itemise what things are required and what are not without the legislation being black and white. The legislation should allow teams to discuss this without fear of it being 'too much'. If one surrogate is off work for 4 months due risk of pregnancy complications, then the legislation should allow IPs to cover that sufficiently. She's not being paid for a baby, she is being compensated for her lost wage due to the pregnancy being high risk. At the same time, if another surrogate has no health concerns but is a stay at home parent and her intended parents want to cover childcare for her children in the last trimester, they should be allowed to give her that money however they see fit. At the same time, another

surrogate may decide to use her own works maternity leave and PPL and IPs don't need to pay for anything significant. All should be ok. It should not be a discussion of 'is this allowed and will I still get my baby'.

16. **Do you support a) *compensated* surrogacy and/or b) '*commercial*' surrogacy?** You might want to consider whether you agree with how we have described compensated and 'commercial' surrogacy?

I do not support 'commercial' surrogacy as defined in point 54 of the Issues paper. I think that commercial surrogacy does nothing for improving exploitation, social standing of surrogacy, respect of women who chose to be a surrogate, or reducing costs for intended parents to access surrogacy – though it may in the short term improve numbers of Australian Surrogates.

I fluctuate between supporting compensated surrogacy and wanting it to remain altruistic. IVF and pregnancy are hard on the body. There are risks associated. Changes happened to my body. The process is emotionally, mentally, and physically taxing. I do it because my desire to help someone overrides all that and I am more likely to advocate for some else's well-being than my own. In the essence, I'm more than willing to exploit my own self to help someone else. Most surrogates are quite giving and generous people. So, it would possibly be more accurate to say that if my intended parents did compensate me for the risks and toll on my body, that I would actually be less exploited than if they didn't compensate me.

Like intended parents, I come into surrogacy wanting and expecting a pregnancy. A baby as the outcome. I want to be pregnant and give birth. As I mentioned at the start, I've had five unsuccessful transfers this time. In between that were additional tracking cycles, and things to organise and get in line for the next transfer (STD bloodwork for example, every 1-3 months for both my husband and I). One whole year of my life was all about IVF. We didn't get the outcome I expected. That year was more physically demanding on my body than it would have been on my intended parents. Compensated surrogacy would consider the time and effort of surrogates who do this but still don't get the reward of handing a baby back to their intended parents.

However, by the same token – I love my friends (intended parents). I love that I was able to give them hope when they felt lost and broken. I love that I gave a big brother his little sibling. I love that I got to experience pregnancy and birth. I love having these new people in my circle of friends and the joy they bring to my life outside of surrogacy. I hate that they had to spend so much money to have a baby when I spent very little. I hate that they experienced so much heartache for so many years. I wanted to be the person who could offer kindness, offer to try for a baby, offer a glimpse of hope and restoration, to

be a friend and to meet them where they were at. I don't want to be paid because it reduces the uniqueness of what I was able to do for them. While logically I know that being paid for the risks and stress I underwent doesn't change who I am – the fear for surrogates (myself) is that people will no longer see the kindness, and see surrogates as a person if it isn't altruistic; but rather they see the money and the baby and think both IPs and surrogates are being greedy/selfish. Surrogates for money, IPs for the baby. I personally care more about intended parents not being socially and financially discriminated against by society for needing a surrogate than I do about receiving money for being a surrogate.

I guess it comes back to whose perspective are we viewing exploitation from. Currently as legislation stands in Australia, while surrogates are choosing to do so with their own autonomy, they are giving their bodies and time in intimate, physical, emotional, and exhausting ways – to others – for years at a time, for free. They often go without 'reasonable' expenses being reimbursed because they don't want their IPs to spend any more money, or their Ips are afraid they won't get parentage of their baby so refuse to pay for 'reasonable' expenses. Because someone chooses to do something of their own free will, does that mean they are no longer being taken advantage of? Or is it purely money that suddenly makes something exploitive. If money is the criteria for someone being exploited, then shouldn't we address the profit made by IVF clinics? As it stands, I see intended parents being exploited by specialists and clinics, more than I see surrogates being exploited because their intended parents paid for some additional groceries this week.

The legislation needs to consider where profits are being made; who is at a financial disadvantage; and who is at risk and vulnerable. The perspective of the definition of exploitation needs to be adjusted in my opinion. Yes, I agree that surrogates shouldn't be coerced as an individual by another to have a baby for them. I don't think the current legislation accurately expresses the difference between exploitation and coercion. It assumes they are one and the same.

While surrogacy should be about best interest of baby – for the entirety of their life… the surrogacy process should be about best interest of those who are vulnerable, which is intended parents and surrogates. Intended parents are emotionally and financially vulnerable, while surrogates are physically and emotionally vulnerable. Those in professional services and businesses already have costs and policies set up to counteract their vulnerabilities. They are unlikely to lose much of anything. They'll stand to make profits no matter the outcome of the surrogacy agreement.

17. If Australia was to allow for compensated or 'commercial' surrogacy, how could this be implemented?

- It would need to be a monthly figure. Menstrual cycles go per month – it makes logical sense to follow that as a standard timeline as surrogacy 'journeys' are all different in length and time frame.
- It should not be based on outcome ie. Natural cycle is worth less than a medicated cycle OR successful pregnancy vs no pregnancy. It shouldn't lead to competition or induced stress to gain more money.
- I do not think It should be addressed as income and taxed. It is compensation for risk to one's health and body. It should be considered in the realm of TPD insurance and be untaxed so that no one else can make money of a surrogate's labour.
- It should not be handled by Centrelink or Medicare. They can't even get PPL right!
- It could perhaps be distributed by an overseeing body of the agreements/approvals.

18. What are the main problems with the requirements and processes for obtaining legal parentage for a child born through domestic and/or international surrogacy?

Domestic – The paperwork. Is there a way we can collect the paperwork through the process of approval. The agreement and approval process should contain all sufficient and relevant information for parentage that can be lodged with birth registration. Registration of birth can also include someone to trigger the release of PPL payments and medicare cards. If someone is overseeing surrogacy exclusively for birth registration and parentage applications – then it seems logistically plausible that they can also be the coordinator for other government service registration.

Medicare cards is a huge problem I see in the community. Intended parents should have access to the baby's Medicare to successfully care for them from birth.

19. How could the process for intended parents to become the legal parents of children born through surrogacy be improved?

See previous answer.

20. What, if any, are the main problems with obtaining the following documents for a child born through international surrogacy:

a. Australian citizenship;

b. an Australian passport; or

c. an Australian visa.

I am not experienced in this area.

21. How could the process for obtaining these documents be improved?

N/A

22. What is the best way to approach differences in surrogacy regulation between or within jurisdictions?

In Australia we need a national legislation.

23. Is it appropriate for surrogacy arrangements to be subject to oversight? If so, what is the best approach?

Yes. It is needed. An national independent body who will not make money from any part of the process. Someone who can advocate for each team member including any children born, and professionals.

24. Should the law have a role in discouraging or prohibiting certain forms of surrogacy?

I think that the legislation should encourage intended parents to make informed, safe, and non exploitive choices. There should not be a blanket ban on commercial surrogacy and it should not be criminialised. This is discrimination for parents who require surrogacy to have a baby, and it is discriminatory of the child born through surrogacy overseas. We want positive outcomes for those children and shame by the government is not going to produce that. There is no reason why the overseeing body cannot explore which countries are safe, regulated, and are good choices for surrogacy. We do this for adoption – while following the criteria set by that country, and we limit options of countries. So, it should be the same for surrogacy.

25. Do you think there is a need to improve awareness and understanding of surrogacy laws, policies, and practices?

Absolutely. As mentioned previously, I have been active in bringing accurate information and recommended professionals in a public educational setting. This is incredibly important to me. Even as a surrogate, when I first started looking into being a surrogate – I thought it was illegal.

26. Do you have any views about the issues we consider to be in or out of scope?

- My experience with egg donation is one I could consider to be out of scope but relevant to surrogacy.

My intended parents were based in Victoria and I in Queensland. They also required surrogacy as well as egg donation. Their legislation dictates the surrogacy transfers need to be in their own state; they are also required to come before a Patient Review Panel prior to surrogacy. As an egg donor, we did manage one embryo with three cycles. It was cost prohibitive to ship one embryo from Qld to Vic and sit before a patient review panel with their surrogate and then they have to do it again should my embryo be unsuccessful.

While they did already have a surrogate based in Victoria – should this not have been the case, there was no option for the embryo to remain in Queensland and me to pursue being a traditional surrogate with that embryo for them. Victorian clinics do not like to facilitate traditional surrogacy in this way and so the option for me to be their surrogate despite it not being a part of legislation AND the added expense of shipping one embryo was potentially an unnecessary expense that could be avoided in such circumstances.

It is my understanding that Victorian clinics also do not like to make embryos prior to a surrogacy agreement being signed (which then means Medicare rebates are denied). So, for egg donation, a lot of Victorian intended parents are required to come to other states where clinics aren't quite as uptight – to make embryos. They then need to ship them back down to Victoria for the rest of the process. Embryos (whether donated or not) being made prior to surrogacy agreements being signed, reduces the cost and reduces the waiting period for surrogates prior to transferring.

- Uterus transplants: I think that as this technology progresses further that there should be similar expenses reimbursed for donors as we have for surrogates. I explored this option as a donor and was shocked that surrogacy was better for my family and I to pursue as income was not even considered a reasonable expense for live organ donation.

- Sperm donation needs to be regulated. Just this morning I saw on the back of a ute, a man advertising 'sperm - $1500 a load'. Not only is this disgusting but given how regulated women's bodies and egg donation is because we require clinics – by comparison, the situation I mentioned above about refusing to allow women the choice in surrogacy to use IVF to facilitate traditional surrogacy, or not allowing women to be compensated for pregnancy IS taking advantage of and exploiting them because of the opinion that they are women doing something others know they are unable to do. While incidents like this man and his Ute go unchecked and people don't bat an eye – Intended parents worry about if their private Facebook post crosses into 'advertising'. It's unfair. We need consistency and clear guidelines while allowing for some variation across individual surrogacy teams.

27. Are there any important issues with regulating surrogacy that we have not identified in the Issues Paper? Do you have any other ideas for reforming how surrogacy is regulated?

Not at this stage.

Thank you for considering my submission.

Yours Faithfully,

[redacted]